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APPLICANTS

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** CONTINUING DATA ***** *None*

** FOREIGN APPLICATIONS ***** *YES* *2/28/06*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY ITALY	SHEETS DRAWING 5	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 9
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Verified and Acknowledged *[Signature]* Examiner's Signature *[Signature]* Initials *[Signature]*

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TITLE
 Data compression read mode for memory testing

FILING FEE RECEIVED 1394	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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